Pre-Application Technical Assistance Reports for the Access to Recovery Grant Program

Report on Technical Assistance to Louisiana

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Consultation Between Lawrence Hobdy, Barry Brauth, and Patrick Fleming and the Louisiana Office of Addictive Disorders (OAD)
Written Report

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Introduction (Purpose of TA)

The State of Louisiana (the State) requested technical assistance (TA) in assessing a number of issues important for planning of the Access to Recovery (ATR) grant program, including:

(1) Whether Louisiana's State-operated treatment programs could appropriately be used to provide assessments under the ATR voucher program

(2) Selection of an adolescent assessment instrument for use statewide

(3) The role that financial incentives could play in Louisiana's planned voucher program

(4) Methods for expanding and incorporating nontraditional and faith-based organizations into a comprehensive continuum of care

The State of Louisiana requested both TA by telephone for specific issues, as well as an on-site consultant to work with the State in analyzing, synthesizing, and drawing conclusions from the body of expert advice and suggestions being gathered. Under Task Order by the Center for Substance Abuse Treatment (CSAT), this TA was arranged by the Performance Partnership Grant Technical Assistance Coordinating Center, operated by Johnson, Bassin & Shaw, Inc. (JBS). The three consultants selected to provide this TA to Louisiana were: Lawrence Hobdy, Senior Clinical Specialist on the CSAT State Systems Technical Review project; Barry Brauth of New York State's Office of Mental Health; and Patrick J. Fleming, past Director of the Utah State Division of Substance Abuse. (For the background and experience of these three consultants, see the last section of this report.)

Methodology

The TA took place in Baton Rouge, Louisiana on May 10, 2004. Participants included: Michael Duffy (the Louisiana SSA Director), Beth McLain (Acting Deputy Assistant Secretary), as well as seven staff from the Louisiana Office of Addictive Disorders (OAD); two consultants collaborating with OAD on their ATR application; and the three consultants provided by CSAT—Lawrence Hobdy, Barry Brauth, and Patrick J. Fleming. Lawrence Hobdy was present

on-site to provide advice and expertise on the overall technical issues discussed throughout the day. Two experts on specific areas (Barry Brauth and Patrick J. Fleming) provided TA during two 1-hour teleconferences. The TA meeting lasted from 8:30 a.m. to 4:30 p.m.

Content of the TA Discussions

The OAD staff provided a brief overview highlighting Louisiana's current delivery system and their initial thinking about modifications to make their system compatible with the ATR program. Their hope is that the ATR voucher program may help close the tremendous treatment gap in Louisiana. The State is only able to serve about 9 percent of adults and 4.5 percent of youth who are in need of substance abuse treatment. The national rate is 21 percent. The SSA is thinking about implementing ATR for all services in the State, especially targeting adolescents, pregnant women, and WIC families. In Louisiana, the State provides the bulk of treatment services, but $20 million in services is contracted to providers. The State intends to include both State-operated and contracted service providers in the ATR network. Of course, the State understands that contracts are NOT permissible for the delivery of clinical treatment and recovery support services under their ATR Program. Louisiana already has much experience with understanding client utilization profiles, rate setting, and outcome monitoring.

Issue #1: Assessment Process for the ATR Program

Louisiana: The Single State Agency (SSA) explained that Louisiana manages their services through State-administered treatment programs, using a centralized intake and assessment process. The State was extremely concerned about whether Louisiana's assessment system would be compatible with the choice-based ATR philosophy.

Consultant: The consultant addressed the following issues:

(1) *Does the ATR grant require that potential clients be given a choice of providers for their assessment?* The consultant responded that the voucher program does not require choice in the assessment process, but clients must be given a choice of providers for clinical treatment and recovery support services that are recommended for them as a result of the assessment. The consultants referred Louisiana to the *Frequently Asked Questions* (FAQs) about the ATR program that appear on the SAMHSA Web site (*www.atr.samhsa.gov)*. FAQ No. 41 answers the question, "Does a grantee have to provide clients with a choice of assessment locations?" as follows: "No. On page 4 of the ATR RFA, it is stated that applicants must provide genuine, free, and independent client choice for clinical treatment and recovery support services and that all assessment, clinical treatment, and recovery support services must be provided pursuant to a voucher. Thus, assessment must be provided pursuant to a voucher, but SAMHSA recognizes that client choice may have to occur after the assessment process—at the point of entry into a clinical treatment or recovery support service. Given the considerable applicant flexibility provided in the ATR RFP, SAMHSA envisions a variety of innovative assessment models to consider."

(2) *Would Louisiana's State-operated treatment facilities be appropriate for conducting on-site assessments under the voucher program?* The consultants responded that the centralized

system used for assessment in Louisiana would be fine, and discussed appropriate assessment sites at Louisiana's State-operated treatment centers. Any potential conflicts of interest between the assessment and treatment components of these State-operated treatment centers would have to be addressed in Louisiana's ATR application.

The consultants referred Louisiana to FAQ No. 43 on SAMHSA's ATR Web site for information concerning payment for the assessment process. FAQ No. 43 answers the question "Can assessment be paid for using administrative funds specified in Appendix B of the ATR RFA?" as follows: "Applicants have discretion in designing the assessment process that is most appropriate for their ATR program. However, assessment services are envisioned as being paid pursuant to a voucher as specified in page 4 of the ATR RFA. Appendix B, the list of approved administrative expenses, specifies that the management of the assessment process could be considered as an administrative expense. Appendix B refers to the management of the process; page 4 refers to the service itself."

Issue #2: Adolescent Assessment Instruments

Louisiana: The State requested suggestions concerning the selection of a standardized assessment tool for adolescents that is in the public domain, particularly one that would include a computer-based package. Louisiana's SSA staff currently uses the Addiction Severity Index (ASI) as their adult assessment tool for both State-operated and contract treatment programs. The ASI is automated and available to all providers in Louisiana. Having already incorporated a computer-based, ASI-based assessment package into its adult system, Louisiana is hoping to do the same for programs serving youth.

Consultant: The consultant discussed assessment tools available. The consultants discussed the CASI (Comprehensive Adolescent Severity Inventory), by Myers and McLellan, with the State participants. The CASI is in the public domain, and its developers have recently developed a computerized version of the instrument. Since the CASI meets their criteria, the consultant recommended that Louisiana research the CASI in more detail. He suggested that Louisiana consult the National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686 to obtain a copy of SAMHSA's Treatment Improvement Protocol (TIP) No. 31, titled *Screening and Assessing Adolescents for Substance Use Disorders.* Chapter 5 of this TIP provides summaries and contact information for a number of comprehensive assessment instruments for substance-abusing adolescents, including the CASI. These summaries of adolescent instruments are available online at www.health.org/govpubs/BKD306 (to access and download, pull up the title of the TIP, scroll down to the Table of Contents and highlight Appendix B). The consultant also sent Louisiana several slides from the PowerPoint presentation on assessment instruments, shown at the ATR regional TA conferences. [Note: Later in the day, Louisiana decided to utilize the CASI for the proposed ATR voucher program.]

Issue #3: Incentives for Providers

Louisiana: The State currently pays a standard $85 per diem for inpatient services and is thinking about providing a 10 percent incentive for those providers who attain their ATR outcome targets. State staff requested advice on how to plan and use incentives for their intensive

outpatient (IOP) providers, particularly to improve the abstinence rate among IOP clients. This program involves a 9-hour treatment day/evening; more than 40 percent of IOP clients remain in services for 90 days. The State was also concerned about how to plan and use incentives for recovery support services, since currently there is a lack of knowledge about what those services should cost.

Consultant: The consultant suggested the following ideas for planning incentives:

- ***For inpatient and residential treatment providers:*** On the inpatient side, the consultant suggested that, rather than paying a straight 10 percent add-on for providers who meet their goals, an incentive could be paid to providers for linking clients with outpatient aftercare services. Since most clients who finish an inpatient or residential stay will be abstinent at its conclusion, the abstinence goal will usually be met without the incentive. For that reason, an incentive for linking the client with outpatient recovery support services might do more to provide better outcomes than simply paying the incentive for attaining client abstinence.

- ***For outpatient treatment providers:*** The consultant suggested that incentive payments to outpatient providers might be based on their outcomes in the seven domains. However, a portion of the 10 percent incentive, perhaps 2 percent, should be coupled with their linking of clients to recovery support services.

- ***For determining the incentive to pay for linkages.*** The consultant suggested that Louisiana establish an initial baseline for linkages that would be relatively modest and that would readily qualify a provider for an incentive. Then, the State could ratchet up that first modest baseline as good information concerning recovery support services becomes available.

Issue #4: Expanding and providing a recovery support package within the continuum of care

Louisiana: The State requested help regarding methods for expanding the network of faith-based and nontraditional providers and incorporating recovery support providers into the continuum of care.

Consultants: The consultants and TA participants talked in depth about the recovery support services and how a State might craft a comprehensive system of care that would include nontraditional community and faith-based providers. The SSA already has contacted faith-based groups across the State and has good working relationships with the faith community.

The consultants suggested that a comprehensive assessment process would be one key to integrating traditional treatment and recovery support services. The assessor needs the skills to probe for a client's deficits across all domains, and then to put together a combined treatment and recovery support plan that addresses these domains. Clients being referred to treatment or recovery support services also need to be referred to sources of auxiliary help. Suggestions for implementing this combined treatment/recovery support continuum of care included:

- ***Identify the range of needed services.*** For each client subgroup being targeted, identify all types of services that might support both traditional and nontraditional providers. For example, for adolescent clients, recovery support may need to be augmented by access to services for the adolescents' families and siblings, as well as to parenting classes, recreational activities for the families, and peer support and mentoring groups at school and other locations.

- ***Develop a directory of available services.*** Make available a contact list of treatment and recovery support providers that includes the full range of auxiliary services that may need to be tapped.

- ***Provide training for those conducting the assessments.*** Make sure that all assessors who conduct the initial assessments have been trained in how to conduct a comprehensive bio-psychosocial assessment that looks at the range of life domains. The assessor needs the skills to identify the full range of client needs and to refer clients and their families to the needed services that are available through nontraditional and faith-based providers, as well as traditional sources.

- ***Provide ongoing training for nontraditional and faith-based providers.*** As new providers enter the system, plan on giving them training concerning the full continuum of care for substance abuse treatment. The ATR program can also give guidance concerning such potentially needed auxiliary services as child care, vocational training, and job coaching.

The consultant also suggested that Louisiana contact other agencies in the State, such as the Office of Family Support and the regional school support program, for information about how these agencies deliver services relevant to the ATR program.

Issues Related to the RFA

The Louisiana SSA posed several questions related to the RFA, including:

- A set of questions pertaining to the 15 percent administrative cost, including: (1) whether the 15 percent applies to each year of the grant; (2) whether unexpended funds can be carried over; and (3) whether an agency may surpass the 15 percent administrative cost in one year and then come in under the 15 percent in one or two subsequent years, so that the overall administrative average will still be 15 percent.

- The second question was whether the State is required to report TEDS data on clients who receive vouchers.

The consultants referred Louisiana to Dr. Andrea Kopstein and Dr. Ed Craft at SAMHSA, as well as to the FAQs posted at the SAMHSA Web site, to seek answers to these questions.

Consultants' Background

Lawrence E. Hobdy, M.Sc. Mr. Hobdy has over 20 years experience in the field of behavioral health. His extensive clinical background includes the areas of organizational and program development, clinical best practices, continuous quality/performance improvement, and system analysis and technical assistance. Mr. Hobdy currently serves as the Senior Clinical Specialist on the CSAT State Systems Technical Review project, which is managed by Johnson, Bassin & Shaw, Inc.

Patrick J. Fleming, M.P.A., LSAC. Mr. Fleming has worked in human services for more than 24 years in a variety of capacities, including program management, direct services, business management, and policy development. He has worked at the Federal, State, and county levels and for private nonprofit agencies, including the Center for Family Development in Salt Lake City and a rural Head Start Program in Michigan. For the past 16 years, Mr. Fleming has worked almost exclusively in the field of substance abuse treatment and prevention. Currently, he serves as the director of the Salt Lake County Division of Substance Abuse Services. He has worked in several capacities at the State agency, including as business manager, assistant division director and, most recently, as Director of the Utah State Division of Substance Abuse. Mr. Fleming also worked in county government at Utah County prior to his appointment as State division director. He served as the director of the Utah County Division of Human Services, which is a major division of the Utah County Health Department. Mr. Fleming has also served in several professional organizations at the national level.

Barry Brauth, M.P.A.. Mr. Brauth has worked for more than 25 years in various positions in administering both medical and behavioral health programs. After receiving his Master's degree in public administration, Mr. Brauth moved to Albany for a position as a Federal Programs Coordinator for the State Office of Mental Health (OMH). There he developed rate and reimbursement strategies that resulted in hundreds of millions of dollars in increased Medicare and Medicaid revenue for New York State mental health programs.

In the early 1980s, Mr. Brauth joined Blue Cross of Northeastern New York as the senior policy advisor to the President. There he designed client tracking systems which were used to profile providers and to develop innovative insurance and funding mechanisms, such as case payment and prudent purchasing arrangements.

Mr. Brauth has worked with the OMH since 1986, except for a 1-year period as director of Utilization and Data Analysis with Value Behavioral Health. His responsibilities with OMH have included development of a patient classification schema and rate-setting alternative to the Medicare psychiatric Diagnostic Related Groupings (DRGs). This alternative rate-setting methodology reimbursed hospitals based on case mix, length of stay, recidivism, and linkage to outpatient services. The project required the development of a sophisticated client information system, which was later used for planning, utilization monitoring, and the development of managed care proposals.

Mr. Brauth's current position is Director of Financial Planning. He is responsible for developing fiscal initiatives and reimbursement methodologies, which promote mental health programs that

are stable, accountable, and outcome oriented.